



NATIONAL TRAINING CENTER (NTC)

EVALUATION OF CREDIT

PRIOR EXPERIENCE

Instructions To obtain credit for prior experience, this form must be filled out completely. All supporting documentation must be attached to this request. An evaluation will not be done on any incomplete requests. Complete one form for each request. Students must coordinate requests through their NTC site training point of contact (POC). This form and any supplied supporting documentation will not be returned regardless of the disposition of this request.

Student Name	Student Number									
Work Location	Student Telephone									
Student E-mail	Training POC									
POC Telephone	POC E-mail									
Course/Module Being Challenged <i>(Use one form for each course.)</i> 1. Number 2. Title										
Information Required for the Evaluation <i>(Students must include Attachment A and B. For the remaining blocks, provide information on relevant training or certifications. Fill in all blanks, check all boxes, and mark all attachments as specified.)</i> Note If courses being submitted for equivalency were taken within the past seven years, submit the "Evaluation of Credit for Prior Education/Training" form. <input type="checkbox"/> Attachment A Recent Supervisor's evaluation <i>(Clearly mark exact sections that demonstrate competency.)</i> <input type="checkbox"/> Attachment B Student's resume <i>(Clearly mark past five years of experience that demonstrates competency.)</i> <input type="checkbox"/> List names, completion dates, and applicable class hours of related courses: <table><thead><tr><th>Course Name</th><th>Course Completion Date</th><th>Applicable Class Hours</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <input type="checkbox"/> Attachment C Certificates of completion or transcripts for each submitted course <i>(Clearly mark all submitted courses on transcripts.)</i> <input type="checkbox"/> Attachment D Course descriptions and/or syllabi <i>(Clearly mark exact topics/sections that demonstrate competency.)</i>		Course Name	Course Completion Date	Applicable Class Hours	_____	_____	_____	_____	_____	_____
Course Name	Course Completion Date	Applicable Class Hours								
_____	_____	_____								
_____	_____	_____								
Additional Comments										

Reviewed and validated by _____ Date _____
Student's Supervisor

Reviewed by _____ Date _____
NTC site training point of contact (POC)

Send the completed form and accompanying documentation via fax, e-mail, or mail.

Mailing Address NTC Director
DOE National Training Center
P.O. Box 5400
Albuquerque, NM 87185-5400

E-Mail directorsoffice@ntc.doe.gov

Fax: 505-845-6079

For status inquiries or questions, NTC site training POC should contact the PDP Administrator at 505-845-5170, extension 367, or email at pdpadministrator@ntc.doe.gov.